U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 576 2 2. Fiscal Year Covered 1 1 1 3. Name and address of person filing. 4. Name, file number,	From:			
Sampana / Sampana	2004 Through: 12 / 31 / 2004			
3. Name and address of person filing. 4. Name, file number,				
	4. Name, file number, and address of labor organization.			
Name Steven D Thom Name Carpet,	Linoleum, Res. Tile Layers Local 596			
Labor Organization	Labor Organization File Number 032260			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 18006 Luedke Ln Street 1700 W H	Street 1700 W Hwy 36 #824			
City Prior Lake City Rosevill	City Roseville			
State Minnesota ZIP Code + 4 55372-3008 State Minnesot	a ZIP Code + 4 55113-4015			
5. Position in labor organization. Trustee				
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
or name and address of Employer (modaling flade flame, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name N/A				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
7.b. Amount.				
Street				
City				
State ZIP Code + 4				
Signature				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
Λ_{α}				
Signed The On 6/22/2005	952-440-6847			

Name of Person Filing Steven Thom	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name Zenith Administrators Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2520 Pilot Knob Rd #325 City Mendota Heights State Minnesota ZIP Code + 4 55120	9. Business deals with: a. Labor Organization b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name Twin City Floor Cov Ind Fringe Benefit Funds Trade Name, if any: c/o Zenith Administrators P.O. Box, Bldg., Room No., if any P.O. Box 73	Trustee Training, conference registration, airfare lodging prepaid on my behalf \$3445.00 Expense reimbursement paid to me for above \$226.24 Golf event and dinner approx \$100.00			
Street	11.b. Approximate dollar value of such dealing. \$3,771			
City Minneapolis	12.a. Nature of interest held or income received.			
State Minnesota ZIP Code + 4 55440-0073	amount paid to me referenced in 11.a \$226.24			
	12.b. Amount. \$226			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name N/A Trade Name, if any:	N/A			
P.O. Box, Bldg., Room No., if any	·			
Street				
City				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.			

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For Official Use Only

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READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT.			
E				
1. File Number U -	2. Fiscal Year Covered From:			
Amendment of the contract of t	1 / 1 / 2004 Through: 12 / 31 / 2004			
Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name Steven D Thom	Name Lakes and Plains Regional Council of Carpenter			
become a second control of the contr	Labor Organization File Number			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 18006 Luedke Ln	Street 700 Olive St			
City Prior Lake	City St Paul			
State Minnesota ZIP Code + 4 55372-3008	State Minnesota ZIP Code + 4 55101-4405			
5. Position in labor organization	And Millingsoca			
Field Agent				
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):				
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name N/A				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
7.b. Amount.				
Street				
City				
State ZIP Code + 4				
Signature				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
Signed Steve & Ollow	On 6/22/2005 952-440-6847			
	Date Telephone Number			

Name of Person Filing Steven Thom	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name N/A Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name N/A Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. N/A			
	12.b. Amount.			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name N/A Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment. N/A 14.b. Amount of payment.			
13.b. Is the Business an Employer or Consultant ?	14.5. Amount of payment.			